MEMORANDUM

To: Plaintiffs Proceeding Pro Se in Discrimination Lawsuits

SUBJ: Forms and Instructions for Filing Suit

The forms, instructions, and information you will need to file a discrimination suit in the United States District Court for the Northern District of Mississippi are included in this packet. This packet contains:

CHECKLIST. This checklist will help you make sure you have correctly and completely prepared the proper forms for opening your lawsuit.

COMPLAINT. The Complaint form must be filled out completely and legibly. All entries must be typewritten or printed clearly. Read the Complaint form completely before you begin filling it out. Gather all the necessary information before you begin completing the form. The Complaint contains numerous check boxes; before you check a selection, make sure the selection pertains to your complaints of legal discrimination.

APPLICATION TO PROCEED WITHOUT PREPAYMENT OR SECURITY FOR FEES AND COSTS AND FOR APPOINTMENT OF AN ATTORNEY. You must complete and file this form if you want the court to allow you to proceed without payment of filing fees or liability for costs. The court will use your application to decide whether you are entitled to proceed without prepaying or giving security for fees and costs and whether you are entitled to have a lawyer appointed to represent you.

USM FORM 285 AND SUMMONS FORM. You must complete both these forms **for each defendant**. If you need more than one set of these forms, call or visit our offices.

When you have completed all the forms, deliver them in person or by mail to our office nearest you. Use the Checklist to ensure that you have all the necessary paperwork. The Clerk's Office staff will fill in the blank next to the words "Civil Action No."

The Clerk's Office cannot give you legal advice. But we can help you with questions about the forms and the processes involved in a discrimination suit. Please visit our offices or call us.

CHECKLIST FOR PLAINTIFFS FILING DISCRIMINATION LAWSUITS

Read the items below carefully and completely. Refer to the COMPLAINT, the REQUEST FOR APPOINTMENT OF ATTORNEY, the APPLICATION TO PROCEED WITHOUT PREPAYMENT OR SECURITY FOR FEES AND COSTS, the USM FORM 285, and the SUMMONS Form. Read carefully every line in every document. Complete all forms **clearly** and **legibly**. Review especially carefully all the checkbox selections you chose and the information you printed or typed on the forms. Gather all the papers you are instructed to attach to your forms. Then complete the following checklist:

Did you complete the COMPLAINT and all other forms **legibly** and **completely**?

Did yo	ou complete the COMPLAINT and all other forms legibly and completely?
•	received a RIGHT TO SUE LETTER from the EEOC, did you attach the letter and the ope to your COMPLAINT?
If the	EEOC issued a DETERMINATION, did you attach a copy of it to your COMPLAINT?
Office PREPA may be require	u have the filing fee—\$150 cash or postal money order—to deliver to the Clerk's when you file your lawsuit? If you file an APPLICATION TO PROCEED WITHOUT YMENT OR SECURITY FOR FEES AND COSTS, the judge will determine whether you e excused from filing the \$150 fee. If the judge denies your application, you will be ed to pay the \$150 filing fee plus the costs of serving process; if you do not pay the d costs, your lawsuit may be dismissed by the judge.
•	do not have the \$150 filing fee, did you complete the APPLICATION TO PROCEED OUT PREPAYMENT OR SECURITY FOR FEES AND COSTS form?
Did yo	ou complete the USM/285 and the SUMMONS forms for each Defendant?
•	u have all the copies of all the papers you need for commencing your lawsuit? You have the following at the time you file your lawsuit with the Clerk of the Court:
	Original plus one copy of every form required for your lawsuit. One copy of your COMPLAINT and one copy of your RIGHT TO SUE LETTER (and, if applicable, one copy of the EEOC's DETERMINATION) for every Defendant named in your lawsuit. A copy of these documents must be delivered to each Defendant when your Summons is served.

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF MISSISSIPPI

Plaintiff(s)			
v.	CIVIL ACTION	No	
Defendant(s)			
	COMPLAINT		
This civil action is commenced by following statutory law (place a check mar		, Plaintiff	, under the
Title VII of the Civil Rights A nation on the basis of race, conational origin.			
☐ The Age Discrimination in En	mployment Act [ADEA], 29 U	JSC §§ 621 et seq.	
☐ The Americans With Disabili	ties Act [ADA], 42 USC §§ 1	2102 et seq.	
The Equal Pay Act [EPA], 29	USC § 206(d).		
The Rehabilitation Act of 197 only).	73, 29 USC §§ 791 et seq. (Ap	pplicable to federal e	employees
2. Plaintiff's address is (Street or P.O. Box)	(City)	(State)	(ZIP)
3. Defendant's address is		. ,	
(Street or P.O. Box)	(City)	(State)	(ZIP)
4.A. Plaintiff (check one)—			
\square sought employment from the \square or,	Defendant		
was employed by Defendant at	t(City and	l State)	

4B. If Defendant is an employer— At all times relevant to this claim of discrimination, Defendant had employees. (Insert number)
4C. If Defendant is a union— At all times relevant to this claim of discrimination, Defendant had members. (Insert number)
5A. If the act(s) of discrimination happened on one day only— The discrimination happened on this date:
5B. If the act(s) of discrimination happened on more than one day— The discrimination began on this date: date:
6. On or about Plaintiff filed charges against Defendant with the Equal Employment Opportunity Commission [EEOC], charging Defendant with the acts of discrimination stated in paragraph 10 of this Complaint. [Not applicable to federal employees].
7. On or about the EEOC issued Plaintiff a RIGHT TO SUE LETTER.
8. Plaintiff received the RIGHT TO SUE LETTER on or about
Notice: Attach to this Complaint a copy of your RIGHT TO SUE LETTER and the envelope in which the letter was received by you.
9. (Check one): The EEOC issued a DETERMINATION:
Notice: If you checked Yes, attach to this Complaint a copy of the EEOC's DETERMINATION.

Special Instructions: Please read paragraph 10 carefully and completely before completing.

endant— (place a check mark in all of the following selections)	that are applicable to your Complaint)
☐ Failed to employ Plaintiff	Fired Plaintiff
☐ Failed to promote Plaintiff	Harassed Plaintiff
Other (specify <i>clearly</i> and <i>briefly</i>):	
because of—	
Plaintiff's race (state your race)	
Plaintiff's color (state your color))
Plaintiff's sex (gender, pregnancy, or sexual harass	sment) (If applicable, state your sex and
your claim:)
Plaintiff's religion (state your religion)
Plaintiff's national origin (state your national origin	in)
Plaintiff's age (state your date of birth)
☐ Plaintiff's disability (state your disability	
Plaintiff's earlier complaint of discrimination or of are alleging Retaliation, state the acts or events that you	

constitutes discrimination against you per	no longer being committed or omitted by Defendant. efendant, or Defendant's agents, or Defendant's employees did that rsonally. Include in your statement specific dates and specific ts or statements made by Defendant, Defendant's agents, or discrimination claim.
12. State the names of witnesses who wou would say.	ald testify for you or on your behalf, and state briefly what they
WITNESS'S NAME	WHAT THIS WITNESS WOULD SAY

DOCUMENT		WHAT THE DOCUMENT SAYS OR SHOWS		
	brief state ant Plainti employ Pla re-employ	aintiff Plaintiff		
Defendant be ordered to_	Defendant be ordered to			

and that the court give Plaintiff such other relief as may be appropriate, including injunctive orders, damages, costs, and attorneys' fees.

16. I declare or certify or verify or state under penalty of perjury that the facts and statements in this Complaint are true and correct.

Date:	 Plaintiff's Sign	nature	
		active	
	Plaintiff's Prin	ted Name	
	Plaintiff's Stre	et or P.O. Box Addre	SS
	City	State	ZIP
	Plaintiff's Tele	phone Number	

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF MISSISSIPPI

CIVIL ACTION NO.

APPLICATION FOR LEAVE TO FILE SUIT UNDER TITLE VII OF THE CIVIL RIGHTS ACT OF 1964

WITHOUT PAYMENT OF FEES, COSTS, OR SECURITY AND FOR APPOINTMENT OF AN ATTORNEY

per Dis	name is nalties for making fal strict Court for the N ninst	lse official state	ments. With that kn	owledge, I hereby ap	ply to the Ui	nited States
	der Title VII of the C support of this applic	Civil Rights Act		ment of fees or costs		
1.	Marital Status:	☐ Single	☐ Married	☐ Separated		Divorced
2.	Dependents:	Spouse	Children (N	Number:)		Others
3.	I am a resident of	the State of			·	
4.	My home address	is:(Street or P.O.		(City)	(State)	(ZIP)
5.	Employment: I am not em I am emplo	yed by	yer's name)	(Employer's Addı	ress)	
	I have been em	ployed by this e	mployer since			
	The name of m	y job is				
	My income is \$	<u> </u>	_	☐ Weekly		Per hour
6.	Financial Status:					

A. Real Property

perty		
property:		
:		
perty: \$	Owed to:	
each year from	this property.	
	Model	Year
	Amount owed: \$	
	Number of payments remai	ning:
cash on han	d.	
in the follow	wing bank or credit union or	savings association:
Ionay Vatarans R	anofits Social Socurity an	d Other Renefits
•		d Other Deficitis
as, bonds, or other	investments:	
from stocks, bon	ds, or other investments	
_ from insurance		
from the Veterar	ns Administration	
from Social Secu	urity	
from		
	cash on hand in the follow toney, Veterans B as, bonds, or other from stocks, bon from insurance from the Veterar from Social Sect	perty: \$ Owed to: each year from this property. Model Model Amount owed: \$ Number of payments remain cash on hand. in the following bank or credit union or goney, Veterans Benefits, Social Security, and ass, bonds, or other investments: from stocks, bonds, or other investments

E. Debts	and Obligations	
	own my home. My monthly mortgage p	ayment is \$
□Ir	rent my home. My monthly rent paymen	nt is \$
	do not owe any other debts.	
	nave the following debts	
\$	Payable to	
The total	of my monthly payments, including re	nt or mortgage, car payments, and all other debts is
\$		
7. Statemen	nt of Discrimination Claim. My discri	mination claim is stated in my Complaint.
_	gently to hire a lawyer, with the followi ll that apply)	ng results:
(Check a	n mat appry)	
		yers who specialize in labor law, employment v, but they would not take my case because:
	LAWYER'S NAME & ADDRESS	REASON FOR REFUSING TO TAKE MY CASE

	I contacted the Legal Services Corpo my case because:	oration (tel. 662. 234-2918), but they would not take
		ciation Lawyer Referral Service (1-800 682-6423). ne lawyers listed below. I contacted the lawyers but
	Lawyer's Name & Address	REASON FOR REFUSING TO TAKE MY CASE
9 I have the fo	ollowing education (check highest leve	el attained):

	GED (Date attained:		_).		
	High school graduate	(Year graduated:).		
	Attended college or comm	nunity college (Total hours	s credit:).		
	Specialty or technical school Specialty degree or technical	· —).		
	College graduate Col	llege:	Year:		
	College post-graduate edu	cation			
10. I request that the court grant me leave under Title VII of the Civil Rights Act of 1964 to file my lawsuit without payment of fees or costs or giving security therefor and that the court appoint a lawyer for me as is allowed by law.					
			Signature		
I declare or certify or verify or state under penalty of perjury that the foregoing is true and correct.					
Date sign	ned:		Signature		

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF MISSISSIPPI

SUMMONS IN A CIVIL ACTION

VS.	CASE NUMBER
$oldsymbol{\Gamma} oldsymbol{O}$ (name and address of Defendant):	
YOU ARE HEREBY SUMMONED and required	d to serve upon (check <i>one</i>):
Plaintiff's attorney, or	
Plaintiff pro se	
whose name and address are:	
against you for the relief demanded in the Co	herewith served upon you, within days after service of this f service. If you fail to do so, judgment by default will be taker omplaint. You must also file a copy of your written Answer with time after serving your Answer upon the Defendant.
Date:	ARLEN B. COYLE, Clerk
	By:

RETURN OF SERVICE					
Service of this Summons and Complaint was made by me* on this date:					
Server's Name (print):		Server's Title:			
Check one box below to state method of service: Served Summons and Complaint upon Defendant personally at the following place: Left copies of Summons and Complaint at Defendant's dwelling house or usual place of abode with the following person of suitable age and discretion then residing therein: Returned unexecuted: Other (specify):					
STATEMENT OF SERVICE FEES					
Travel: \$ Services	: \$	Total: \$			
DECLARATION OF SERVER I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and the Statement of Service Fees is true and correct. Date executed:					
		Signature of Server			
		Server's Address Server's Telephone Number			
		Octivot a Telephone Mullipel			

^{*}As to who may serve a Summons, see Rule 4, Federal Rules of Civil Procedure